



MISSISSIPPI STATE DEPARTMENT OF HEALTH

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Mississippi Trauma Advisory Committee  
Minutes

**June 15, 2010**

**10:00 a.m.**

**570 East Woodrow Wilson Blvd, Jackson, MS**

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Members Present

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- **William "Pete" Avara, MD**
  - **Rick Carlton, MD**
  - **John Nelson, MD**
  - **Clyde Deschamp, PhD, NREMT-P**
  - **Douglas Higginbotham**
  - **Amber Kyle, RN**
  - **Josh Wenzel, NREMT-P**
  - **Jerry Howell**
  - **Ben Yarbrough, MD**
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Agenda

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- **Call to Order/Acceptance of Minutes**
    - Meeting called to order by Dr. Avara at 10:10 a.m.
    - Motion to approve Minutes of March 4, 2010 meeting made by Mr. Wenzel, seconded by Ms. Kyle. Motion passed.
  - **Rules and Regulations Sub-committee Update**
    - Ms. Kyle reported that the sub-committee met on June 4, 2010 and is working on significant chapter revisions. The current Chapter 14 only addresses the Mississippi Burn Care Fund; this chapter will be re-written to include quality of burn care, essentials and desirables, and any other requirements for a burn center similar to the way the regulations are written for trauma centers.
    - Chapter 13 is another chapter under re-write. This chapter addresses pediatric trauma care. Since the Department has received a letter of intent from Le Bonheur Children's Hospital in Memphis to join the Mississippi Trauma Care System, it is critical to address pediatric care as currently the regulations do not address the designation of pediatric-only facilities, such as Le Bonheur.
    - Ms. Kyle recommended that prior to accepting Le Bonheur's application for inclusion in the Mississippi Trauma Care System, they (Le Bonheur) will have to submit a
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year's worth of data into the Trauma Registry. The MTAC agreed to allow Le Bonheur to go back to January 1, 2010 to submit data into the Trauma registry.

- **Field Triage Decision Scheme**

- Dr. Robert Galli presented the CDC National Trauma Triage Protocol. Handouts were also provided to the committee members. Dr. Galli recommended that the state adopt these protocols as the state-wide trauma destination guidelines. Dr. Galli also stated that he had made the same presentation to the State PI Committee at their May meeting, and the State PI Committee also recommended adoption.
- Motion made by Mr. Higginbotham to accept the National Trauma Triage Protocol (left side of the form), with the regions having input into the actual destinations (right side of the form). Seconded by Dr. Avara. Motion passed.

- **Functionality Sub-Committee Update**

- Dr. Rick Carlton reported that the sub-committee met in conjunction with the Rules and Regs Sub-committee on June 4, 2010. He stated that the sub-committee was not making any recommendations at this time as additional work needs to be done.
- The first topic was the need to standardize trauma activation criteria across the regions. Another topic was the expansion of trauma center designations from Level I –IV to Level I-V, due to the variability of capabilities among those Trauma centers that are designated as Level IV. The subcommittee is also looking at the electronic PCR issue and the requirement to leave documentation with the hospital when EMS delivers a patient. The last issue currently under review is standardizing the pediatric age.

- **State PI Committee Update**

- Dr. John Porter reported that the State PI Committee last met on May 10, 2010. An outcome of the meeting was that a State PI Plan Task Force has been established, chaired by Dr. Porter. Other members of the task Force are Amber Kyle, Jimmy McManus, Susan Perrigin, Teresa Windham, Sheila Shappley, William Bassett and Dr. Norman Miller.
- The Task Force is using the Minnesota State PI Plan as a template to develop a plan for Mississippi. The draft of the plan will be presented at the next full committee meeting on August 16, 2010.

- **State Trauma Registry Update**

- Ms. Carrie McFarland reported that all data submission are current and there are no delinquencies. The last quality training session was in May, 2010, with 25 participants. The software update scheduled for July 2010 has been postponed pending input from the State PI Committee as to what types of forms/fields they want to be able to view.

- **TCTF Distribution and Regional Funding**

- Dr. Miller reported on the distribution of the Trauma Care Trust Fund that was made in May 2010. \$12M was distributed to Level I-III hospitals and EMS, physicians are paid a minimum of 30% of the hospital payment in accordance with the TCTF
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Distribution Model. No Level IV payments were made in the distribution.

- Dr. Miller also explained an error in the first distribution, made in December 2009, for the 24 small county EMS providers. The CPA firm had originally calculated the distribution based on \$10M, rather than \$12M. This resulted in a \$1,526 shortage to the 24 small counties (population under 15,000). In the May 2010 distribution, this error is being corrected, with the addition of \$1,526 to the calculated amount. As this all occurred in the same fiscal year, there is no accounting issue and all EMS providers will be distributed the authorized amount.
- With the approval of the changes to the Rules and Regs on May 16, 2010, the baseline amount for regional administration funds is \$125K per year. Additionally, each region will get additional funding based on their geographic size and the number/designation level of the hospitals within the region.

- **Pre-Assessment Survey Form/Procedures**

- Dr. Miller reported with the adoption of the changes to the Trauma System Regulations, the regions are now in the review process of the Hospital Pre-Assessment Survey form. Members were provided with a copy of the form and the instruction sheet for completing the form. The Department will be mailing out the forms during the first week of July, and the forms are required to be at the regions by the first week of August. The regions have to review the forms and get them to the Department by the end of the first week of September. The Department will then send out the letters to the hospitals informing them of their assessed level of participation in the Trauma System.

- **MTAC Strategic Planning Retreat**

- Dr. Avara discussed the possibility of having a strategic planning retreat over a two day period at a central locale in the state. The meeting would be to develop long range vision/goals/objectives in a non-structured, non-public setting.
- The committee was receptive to the idea, based on a Tuesday/Wednesday or Wednesday/Thursday format, in September or October. Dr. Miller will begin the process to obtain a location.

- **Open discussion**

- No items for open discussion. Dr. Avara requested that the committee move into Executive Session to discuss personnel issues.

- **Adjournment-Next Meeting scheduled for September 1, 2010**

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